



DEPARTMENT OF
INTELLECTUAL AND
DEVELOPMENTAL DISABILITIES

OFFICE OF POLICY AND INNOVATION
EXEMPTION REQUEST FORM

INSTRUCTIONS:

Use this form to request an exemption from department policy, procedure, written document, or instrument. Answer all questions. In-

To: _____ **Date:** _____

From: _____

(name, phone, email, agency or provider name, agency or provider 3-digit code)

Is this request for a person supported? ☐ Yes ☐ No If so, who: _____

If applicable, is the Circle of Support in agreement with this request? ☐ Yes ☐ No

For what is the exemption being requested? _____

Include a specific reference to the policy or provider manual section applicable to this request

How long is the exemption to continue? _____

What other solutions were sought before the exemption was requested? _____

Is an alternative solution being developed to eliminate the need for the exemption? If so, what? If not, why not?

If this request impacts requirements that have the potential for harm to a person served, what is the plan to ensure the person's safety?

COMMENTS & RECOMMENDATIONS

Regional Director: _____

Deputy Commissioner of Fiscal & Administration: _____

Assistant Commissioner & General Counsel: _____

Deputy Commissioner of Program Operations: _____

Assistant Commissioner of Policy & Innovation: _____

Exemption Approved: ☐ Yes ☐ No **Approval Date:** _____ **Expiration Date:** _____

Commissioner: _____